



CITY OF GROVE CITY

4035 Broadway Grove City, Ohio 43123 (614) 277-3000 Fax (614) 277-3011 www.ct.grove-city.oh.us

GC PLANNING COMPRESSION

SPECIAL USE PERMIT APPLICATION FEE \$100.00

Date Submitted _____

WWW.ELECOVO-CHV.(III.us	
PROJECT INFORMATION	
BUSINESS NAME City BAGGODE FOR	
BUSINESS NAME (ity BAGON FOR BUSINESS ADDRESS 2261 Stripoton) Pd PARCEL TAX ID # 2267 2000 2000 2000 2000 2000 2000 2000	
PARCEL TAX ID# 040-006752-00	
EXISTING ZONING Commercal	
PROPERTY OWNER CONTRACTOR SON INC.	
MAILING ADDRESS 3300 Enterprise Pky. Beechword, Ohio 44127	
DAYTIME JELEPHONE / FAX NUMBER / 1727) E-MAIL	
46 753 -1300	
APPLICANT/AGENT	
NAME OF APPLICANT // A A	
MAILING ADDRESS Caty Carpepie Hic	
DAYTIME TELEPHONE BAYNIMBER	DO E-MAIL
DESIGNATED CONTACT PERSON DAYTIME TELEPHONE	
GREG BILLS 6H-464-2880	
I, David Confes, the applicant or the applicant's duly authorized agent, have	
read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. This request conforms to the requirements of Section 1135.08.	
Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to	
visit and/or photograph the property described in this applicatio	Date 9/6/1/
Signature of Applicant / / A. 4.	· — — — — — — — — — — — — — — — — — — —
Signature of Owner	Date
FOR OFFICE USE ONLY	
DATE RECEIVED 9/9/11 PAYMENT RECE	IVED/AMOUNT CHECK NUMBER 628404
RECEIVED BY MF	DATE SCHEDULED FOR PLANNING COMMISSION
PROJECT ID # 2011 09 09 00 27	PLANNING COMMISSION ACTION APPROVED DISABBROVED